## Attachment #2

## **Department of**New Employee Safety Orientation

Employee:			Date of Hire:	
Position:			Supervisor:	
Department:				
	1.	Review General Safety Rules – Safety Policy Statement, Safety Program, Return-to-Work Program and Department/Division/Bureau specific Safety Procedures		
	2.	Explain Safety Committee and i	identify members	
	3.	Evaluate workstation for correct ergonomic set-up and review of ergonomic handouts		
	4.	Review steps for reporting and correcting unsafe conditions		
	5.	Review accident and incident reporting procedures and forms (First Report of Injury and Incident Investigation Report)		
	6.	Identify available first aid person medical emergencies	nnel and review procedure for action to take for	
	7.	Discuss emergency evacuation	procedures and building emergency action plan	
	8.	If applicable, issue required per guidelines for correct use of equ	sonal protective equipment and review uipment	
	9.		safety training such as correct lifting nical safety, fire extinguishers, etc. (List below):	
	10.		g out exits, fire extinguishers, location of the first onal Protective Equipment) is required, sprinkler are stored.	
Conducted by			Date	
Employee Signature			Date	

<sup>\*\*</sup>Completed form to be kept in HR as part of the employee's personnel file\*\*